FUKM U

ATTENTION

Fallure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

TES OMB Number: 3235-0076
GE COMMISSION Expires: May 31, 2005
20549 Estimated average burden hours per response . . .1

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY

OMB APPROVAL

SEC 1972 (6/02) 1

Prefix

Serial

DATE RECEIVED

	his is an amendment and name has changed, and i ared Convertible Debentures; Warrants	ndicate change,)					
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 🗷 Rule	506					
Type of Filing: New Filing	☐ Amendment	2001011 1/07 - 1000					
7,100	A. BASIC IDENTIFICATION I	PATA					
1. Enter the information requested about the	ne issuer		recd s.e.c.				
· 	his is an amendment and name has changed, and i	ndicate change.)					
Ener1, Inc.	At all and a little of the first file for the		MAR 3 0 2005				
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)	SEPTER OF LOOS				
500 West Cypress Creek Road, Suite 1 Address of Principal Business Operations (if different from Executive Offices)		954-558-4020 Telephone Number (Including Area Code)	108				
Brief Description of Business Development and marketing of te	achnology and products for batteries, fue	el cells and solar cells.					
Type of Business Organization S corporation	☐ limited partnership, already formed	other (please specify): 056	049039				
business trust	limited partnership, to be formed	Committee appears appears and a committee appears and a committee appearance and a committee appearance and a committee appearance a	73000				
	Month Yes	г					
Actual or Estimated Date of Incorporation	-	Citali - Estimated	ROCKSID				
Jurisdiction of Incorporation or Organizati	ion: (Enter two-letter U.S. Postal Service Abbrev CN for Canada; PN for other foreign jurisdic		APR 12 2005				
GENERAL INSTRUCTIONS							
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).							
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.							
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.							
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.							
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.							

State:

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Boneficial Owner Executive Officer X Director General and/or Managing Partner Full Name (Last name first, if individual) Kevin P. Fitzgerald Business or Residence Address (Number and Street, City, State, Zip Code) c/o Ener1, Inc. 500 West Cypress Creek Road, Suite 100, Fort Lauderdale, Florida 33309 IX Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Pull Name (Last name first, if individual) Ronald N. Stewart Business or Residence Address (Number and Street, City, State, Zip Code) c/o Ener1, Inc. 500 West Cypress Creek Road, Suite 100, Fort Lauderdale, Florida 33309 Check Box(es) that Apply: X Director Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Carlos Mendez-Peñate (Number and Street, City, State, Zip Code) Business or Residence Address c/o Ener1, Inc. 500 West Cypress Creek Road, Suite 100, Fort Lauderdale, Florida 33309 Beneficial Owner Executive Officer I Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Peter Novak Business or Residence Address (Number and Street, City, State, Zip Code) c/o Ener1, Inc. 500 West Cypress Creek Road, Suite 100, Fort Lauderdale, Florida 33309 Beneficial Owner Director Check Box(es) that Apply: Promoter Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Michael Zoi (Number and Street, City, State, Zip Code) Business or Residence Address c/o Ener1, Inc. 500 West Cypress Creek Road, Suite 100, Fort Lauderdale, Florida 33309 Check Box(es) that Apply: Beneficial Owner Executive Officer X Director Promoter General and/or Managing Partner Full Name (Last name first, if individual) Karl Gruns Business or Residence Address (Number and Street, City, State, Zip Code) c/o Ener1, Inc. 500 West Cypress Creek Road, Suite 100, Fort Lauderdale, Florida 33309 Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Ener1, Inc. 500 West Cypress Creek Road, Suite 100, Fort Lauderdale, Florida 33309

Randall Paulfus

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Parine
Pull Name (Last name first, it Ener1 Group, Inc.	Findividual)				
Business or Residence Addre 550 Cypress Creek Road,		and Street, City, State, Zip auderdale, Florida 33309	•		

B. INFORMATION ABOUT OFFERING

١.	Has the	issuer soi	ld, or does	s the issue	r intend to	sell, to n	on-accredi	ited inves	tors in this	offering?	**********		
			A	nswer also	in Apper	ıdix, Colu	ımn 2, if fi	ling unde	T ULOE.				
2.	What is	the minir	num inves	stment that	t will be a	cepted fr	om any inc	dividuel?	************			********	\$ 500,000
,	O 16	PC					•						Yes No
₩.	sion or s to be list list the n	imilar rem ed is an as ame of the	uneration to sociated po- broker or	for solicitat erson or ag dealer. If t	ion of pure ent of a bro more than f	hasers in c ker or deal ive (5) per	onnection viler registere	vith sales of d with the isted are a	en, directly of securities SEC and/or ssociated pe	in the offe with a sta	ring. If a p	erson	
		Last name in & Co., I	first, if ind LLC	lividual)									
				-	nd Street, C ork, NY 1	-	Zip Code)						
		sociated Br	roker or Do LLC	taler									
Sta	ates in Wh	iich Person	Listed Ha	s Solicited	or Intends	to Solicit I	Purchasers						
	(Check "	All States'	or check i	individual :	States)	,,,,,,,,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	All States
	[AL]	[AK]	[AZ]	[AR]	[CA]x	[CO]	[CT]x	[DE]	[DC]	[FL]	[GA]	[HI]	[01]
	[IL] x	[IN]	[!A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA] x	[MI]	[MN]	[MS]	[MO]
	[TM]	[NE]	[NY]	[NH]	[NJ] x	[NM]	[NY] x	[NC]	[MD]	[OH]x	[OK]	[OR]	[PA]x
	[RI]	[\$C]	[SD]	[TN]	[TX] x	[TU]	[TV]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Ful	II Name (I	Last name	first, if ind	ividual)									
Bu	siness or l	Residence	Address	(Number a	nd Street, C	ity, State,	Zip Code)						
Nai	me of Ass	sociated Br	oker or De	aler				•					
Sta	tes in Wh	ich Person	Listed Ha	s Solicited	or Intends (o Solicit F	urchasers						
	(Check "	Ali States"	or check i	ndividual S	States)			*************	************				All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[10]
	[11]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[[[[N]	[NM]	[NY]	[NC]	[ND]	[0H]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[XX]	[ניזין]	[YY]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Ful	l Name (l	ast name	first, if ind	ividual)									
Bu	sincss or l	Residence	Address	(Number a	nd Street, C	ity, State,	Zip Code)			•			
Nai	me of Ass	ociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Ha	s Solicited	or intends t	o Salicit F	urchasers						
	(Check "	All States"	or check i	ndividual S	States)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				************		☐ All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[H]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[OM]
	[TM]	[NE]	[NV]	[NH]	[[[[]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security			pregate ing Price	An	nount Already Sold
	Debt	\$.			\$	
	Equity	\$.			\$	
	☐ Common ☐ Preferred					
	Convertible Securities (including warrants)	\$.	14,2	25,000	\$	14,225,000
	Partnership Interests	\$.			\$	
	Other (Specify)	\$_			S	
	Total			25,000	\$	14,225,000
	Answer also in Appendix, Column 3, if filing under ULOE.	•			•-	
2.	Enter the number of accredited and non-accredited investors who have purchased socurities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Number nvestors	Do	Aggregate ollar Amount f Purchases
	Accredited Investors			6	_	14,225,000
	Non-accredited Investors	_		0-	3 <u></u>	-0-
					\$	
	Total (for filings under Rule 504 only)	-			3	
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Ouestion 1.			Type of	Do	illar Amount
	Type of offering		5	Security		Sold
	Rule 505	-			\$	
	Regulation A	-			\$	
	Rule 504	-			\$	·
	Total	_			\$	······································
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to fluture contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$	
	Printing and Engraving Costs				\$	0
	Logal Fees		,,,,,,,,,		\$	65,000
	Accounting Fees				\$	0.000
	Engineering Fees		*******		\$	0
	Sales Commissions (specify finders' fees separately)	******			\$	\$995,750
	Finders' Fees	*******	*******		\$	0
	Other Expenses (identify)				\$	
	Total ,				\$	1.050.750

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5 .	tion I and total expenses furnished in n	ijusted gross proceeds to the issuer the amount for any purpose is not kno f the estimate. The total of the payment	lifference is the used or proposed to wn, furnish an stated must equal	***************************************			\$ 13,164,250
					Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees		***************************************		\$		\$
	Purchase of real estate		*******************************		\$		\$
	Purchase, rental or leasing and i	installation of machinery and equip	ment		\$		\$
	Construction or leasing of plant	buildings and facilities	***************************************	🗀	\$		\$
	offering that may be used in excissuer pursuant to a merger)	(including the value of securities in thange for the assets or securities of	another		\$		s
	• •				\$		\$
	Working capital		***************************************		\$		\$ <u>13,164,250</u>
	Other (specify):			□	\$		\$ ———
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	🗀	\$		\$
					\$		\$
	Total Payments Listed (column	totals added)	*****************************		□ \$_	13,16	4,250
		D. FEDERA	L SIGNATURE				
fol	e issuer has duly caused this notice to lowing signature constitutes an unde- est of its staff, the information furnisi	rtaking by the issuer to furnish to the	e U.S. Securities and	d Exchange Co	ommission, upon	writte	the n re-
	uer (Print or Type) ner1, Inc.	Signature	·	Date March 29, 200	05		
	me of Signer (Print or Type) coneld N. Stewart	Title of Signer (Print or T Executive Vice Presiden		el & Secretar	у		

ATTENTION

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

ι.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?							
		See Appendix, Co	lumn 5, for state response.					
2.	The undersigned issuer hereby undertak Form D (17 CFR 239,500) at such times		e administrator of any state in which this notice is filed, a notice w.	on				
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.		of the state in which	h the conditions that must be satisfied to be entitled to the Unifo h this notice is filed and understands that the issuer clai it these conditions have been satisfied.		the			
	issuer has read this notification and kno orsigned duly authorized porson.	we the contents to be tr	se and has duly caused this notice to be signed on its behalf by the	1¢				
Issuer (Print or Type)		Signature Date						
Name	of Signer (Print or Type)	Title (Print or Type)						

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed

1	2	:	3	4		5				
	Intend to non-ac investors (Part B-	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State UL (if yes, attachexplanation of waiver granted (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA										
CO										
CT										
DE										
DC										
FL										
GA										
HI										
ΔI										
IL.										
IN										
IA										
KS										
KY LA										
ME										
MD										
MA										
MI										
MN										
MS										
мо										

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4

Type of investor and amount purchased in State (Part C-Item 2)

Amount

1

3

5

	to non-a	i to sell sccredited in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	
State	Yes	No		Number of Accredited Investors
MT				
NE				
NV				
NH				
ŊJ				
NM				
NY				
NC				
ND				
ОН				
ок				
OR				
PA				
Rì				
SC				
SD				
TN				
TX				
UT				
VT				
VA				
WA				
WV				
WI			,	
WY				
PR				

Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)

Number of Non-Accredited Investors Amount Yes No

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